

# DAILY MEAL ORDER/INVOICE MOBILE FOOD SERVICE (7500)

(Revised 1996)

<b>STATE OF CALIFORNIA DEPARTMENT OF FORESTRY &amp; FIRE PROTECTION DAILY MEAL ORDER/INVOICE MOBILE FOOD SERVICE</b>					Invoice Date:		Invoice No:					
					Incident Name:	Incident No:	Resource Order No:					
					Benefiting Unit/Region Agency:		Unit ID No:					
Paying Unit:					Name & Address of Contractor:							
<b>MEAL INFORMATION</b>												
Payment is based upon the total number of meals shown in "Total Meals" column.												
Meals Order	Serve Time	Cancel Time	Meal Serv	Meal Guar	Menu (Major Items)	Menu Approvals (Signatures)		Total Meals	Price/ Meal	Total Amount		
					Breakfast	State Rep:  Cont. Rep:				\$		
					Sack Lunch	State Rep:  Cont. Rep:				\$		
					Buffer Lunch	State Rep:  Cont. Rep:				\$		
					Dinner	State Rep:  Cont. Rep:				\$		
<b>SUBTOTAL</b>								\$				
SUPPLEMENTAL FOODS & BEVERAGES								\$				
MISCELLANEOUS CHARGES								\$				
<b>TOTAL INVOICE AMOUNT</b>								\$				
I certify that the above mentioned services have been received. (Gov Representative)						I certify this bill is correct and payment has not been received. (Contractor Rep.)						
Name: (print & sign) Title, Work Address & Phone						Name: (print & sign) Title and Phone						
REMARKS:						ACCOUNTING DATA						
						Unit Code		Amount				
											\$	
											\$	

**FORMS AND/OR FORMS SAMPLES: RETURN TO ISSUANCE HOME PAGE FOR FORMS/FORMS SAMPLES SITE LINK.**

[\(see Table of Contents\)](#)